

THE CITY OF KILLEEN – BUILDING AND INSPECTIONS DIVISION P. O. Box 1329,100 E AVENUE C (254) 501-7762/Fax (254) 501-6302

APPLICATION FOR CONSTRUCTION PERMIT AND PLANS REVIEW

Project Address:			Pı	ROJECT NAME:	
LEGAL DESCRIPTION: LOT	: BLOCK:	SUBDIVISION:			
OWNER NAME:		PHONE:	EMAIL:		
OWNER NAME.		PHONE.	EMAIL.		
CONTRACTOR:		PHONE:	EMAIL:		
ARCHITECT OR					
DESIGNER:		PHONE:	EMAIL:		
DESCRIBE WORK:				lise (OF BUILDING:
CLASS OF WORK NEW	☐ ADDITION ☐ FINISH	OUT SHELL I	REMODEL DEMOLISH	☐ OTHER:	or Bolebino.
TYPE OF BUILDING SINGL			MANUFACTURED HOUSING		
TYPE OF CONSTRUCTION	OCCUPAN	ICY GROUP	Number of Stori	IES	BUILDING TOTAL SQ FT
FLOOD ZONE ☐ YES ☐ NO	Zone Di	ZONE DISTRICT		EQUIRED No	MAXIMUM OCC. LOAD
PERMITS REQUESTED:	VALUATION:	FEES:	PERMIT	NUMBER	DATE PAID
BUILDING	\$				
ELECTRICAL	\$				
MECHANICAL	\$				
PLUMBING	\$				
GAS	\$				
FIRE SPRINKLER	\$				
PLANS REVIEW	\$				
TEMP POLE	\$				
PAVING / CONCRETE	\$				
FENCE	\$				
LAWN SPRINKLER	\$				
ACCESSORY BUILDING	\$				
TEMPORARY FINAL	\$				
CERT OF OCCUPANCY	\$				
LANDSCAPING	\$				
VENT A HOOD I / II	\$				
FLOOD PLAIN	\$				
PooL	\$				
PW RIGHT OF WAY	\$				
PW INSPECTION FEE	\$				
				\$ Total Fees	Due
I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.					
(PRINT)			SIGNATURE)		
	TRACTOR/ OWNER OR AUT	HORIZED AGENT			DATE
APPROVED: Q YES Q NO BY: DATE:					